



**Wessex**  
Academic Health  
Science Network



## How do rapid evaluations influence policy and practice in healthcare? *A systems perspective*

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# Why 'rapid' evaluation matters

"It will be easy to see in a year from now whether it did what we expected it to do" (An innovator)

"We know how it avoids costs in the hospital and benefits our patients" (A commissioner)

"I understand what this does and how it fits into my work" (A provider)

"We can recommend our innovation with confidence because we have the evidence" (An innovator)



# 1. What does 'rapid' look like?

## 1. Focussed

- According to the client's requirements
- Use of tools and frameworks to frame the enquiry

## 2. May be **resource constrained**

- Time limited – client needs outputs quickly
- Budget limited
- Or extra resource to be deployed quickly

## 3. **Pragmatic (truncated?) methods**

- Key informants
- Short surveys
- Data gathering (vs. new data collection)
- Mixed methods
- Minimum sample sizes

## 4. **Accessible outputs** e.g. short reports or reports in slide form



## 2. How rapid evaluations influence systems



### 3. Designing for your audience

The evaluation questions; e.g.

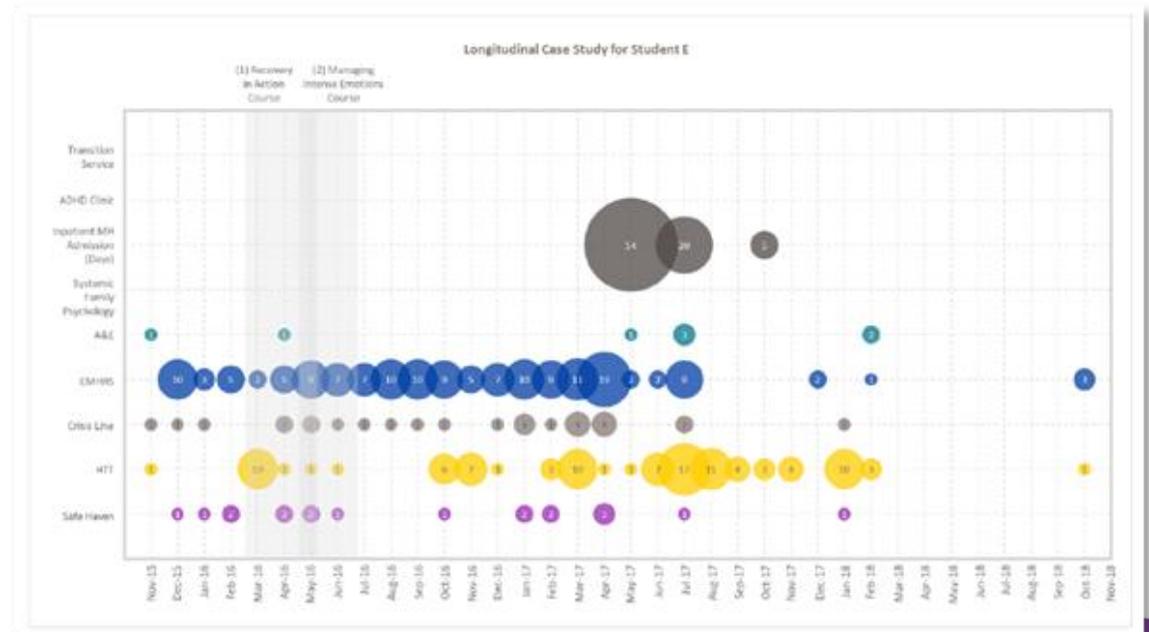
Does x improve patients' confidence in self-managing their condition?



What are the useful features of x?



The outputs; e.g.



# Case Study: Evaluating the impact of new care models in a Vanguard; multiple rapid evaluations to provide system level insights

## Who wants to understand the value?

The users  
**The commissioner**  
**NHS England**  
The providers  
The public

## What were the questions?

1. What were the patient, staff and system outcomes of the new models of care?
2. How were they implemented?



## How did we establish the value?

Evaluated 50,000 patient contacts and 23 new services  
Collected and analysed over 645 sets of data about the experience of care  
Analysed >3,300 user and 530 staff outcomes  
Held focus groups with over 80 staff  
Analysed the system impacts of patients supported by the services

**What did we find?...**





**What did we find?...**

1. Significant improvements in how people felt about their **health status, confidence and wellbeing**; largest improvement in **experience of care**
2. Significant improvements in **work wellbeing (+15%)** and **service experience (+15%)** and an 8% increase in their recommendation as a place to work.
3. Positive impacts on the **use of other services**, particularly emergency hospital care.
4. **GP engagement** was a key ingredient in successful delivery

**Findings influenced commissioning decisions with many services becoming business as usual after the Vanguard**



## 4. Challenges

Evaluations can often **take longer** than expected.

Some **outcomes and impacts take longer to be realised** than the rapid evaluation period.

Working within complex systems requires **willingness to adapt** (or abandon) the evaluation plan.

### How can you overcome these?

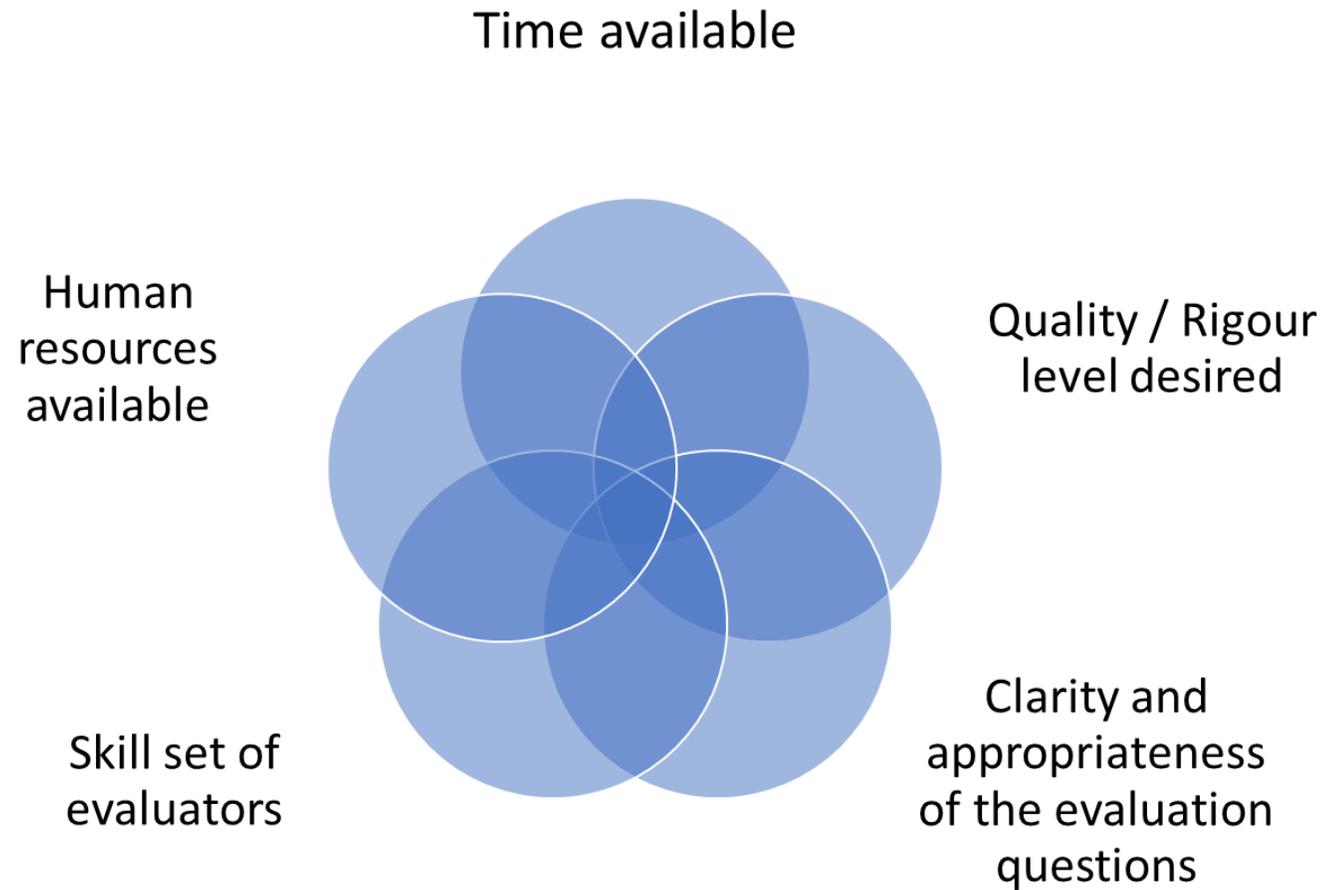
1. **Manage expectations**
2. **Hold 'launch meetings' and co-design sessions early**
3. **Identify a 'co-ordinator'/key contact within the service**
4. **Highlight data limitations**
5. **Provide data analysis plans for client to use beyond the rapid evaluation period**



## 5. Conclusions – how to make rapid evaluations influential

1. Make it an **end-to-end process**;
  - Design the evaluation to address the questions of importance to the client
  - Design the evaluation outputs at the beginning and agree those with the client.
2. Involve the client and stakeholders in **co-design** but be clear about independence in analysis and editorial.
3. Be clear about the risks to delivery and **data limitations**.





Rapid  
evaluation –  
a trade-off?